

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LI.

WEDNESDAY, DECEMBER 6, 1854.

No. 19.

DETAILS OF A CASE OF CHOLERA.

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[Communicated for the Boston Medical and Surgical Journal.]

In a preceding number, Sept. 27th, 1854, I offered some practical remarks upon what I considered a successful plan of treating the severe or even the collapsed stages of cholera, believing it to possess a more uniformly curative power over that insidious disease than any other of the many plans generally adopted. In those remarks I did not append cases in corroboration, which, although not indispensable, are generally thought to increase the interest, if not the value, of any proposed plan of treatment. Within the last few days, the sudden illness of a Mr. H. affords me an opportunity of recording the particulars of a strongly-marked and well-developed case of cholera Asiatica, if that term be necessary for the disease at this time. Let me premise by remarking that I lay no claim to originality or novelty as regards the administration of an emetic, simply as such, in cholera; for, as is well known, from an early period such has been strongly commended, not only in this disease, but in many others; and a reference to the recorded observations of many, eminent in our profession, will show in what estimation they hold them. Although a digression from the main subject, I may here say that I question very much whether the unpopularity or unfashionableness of emetics in many diseases, at the present day, has not deprived us of a certain and efficient means of overcoming the *principia morbi*, and thereby diminished the power of effecting more speedy cures. The principal object in directing attention to the subject and case, is to endeavor to establish the adaptation of the particular emetic to the disease, or the indications presented, especially in the worst stages, and also to claim for it the almost uniformly certain power of changing the asphyxiated condition attending a collapse into one eminently curable by ordinary appropriate remedies.

On Thursday, Oct. 12th, 8 $\frac{1}{2}$, A.M., I was requested to call immediately to see Mr. H., supposed to be attacked by cholera. In a short time I was at the bedside, when I found that mustard poultices had been applied, repeated doses of laudanum and brandy given, with continued friction to the cramped limbs, but without effect. The condition of

the patient was as follows. The pulse scarcely perceptible ; the whole body of a dark livid color, and, as well as the feet and hands, bedewed with a cold perspiration. The face presented a death-like expression ; the eyes sunk in their sockets, with a black circle surrounding them. A general sensation of coldness ; the voice scarcely audible ; the breath and tongue cold ; violent cramps in the legs ; frequent vomiting and purging ; great thirst, with a painful, hot sensation in the stomach. He had not been well for a few days, and had taken, two days previously, a Seidlitz powder, which operated very profusely. He went to bed at an early hour the preceding evening, and rested well until 4, A.M., when the disease set in and progressed with rapidity. I considered the case very severe and unpromising, and felt great doubts of being able to effect a cure by any means. I had taken a package of the cholera remedy with me, and gave him two pills, with one teaspoonful of the syrup ; had the rubbing continued, and at short intervals repeated the pills and syrup without any apparent effect. The symptoms becoming more unfavorable, vomiting and purging continuing, the cramps increasing, and the medicine being thrown off, it was evident that the system was so powerfully prostrated, the *vis viva* so nearly extinct, that the administration of ordinary medicine, however powerful, could scarcely be expected to produce any great benefit. It appeared to me very doubtful whether even the perturbating and stimulating emetic would act, or could afford relief by arousing the vital energies, as on that all rested. A few minutes deliberation satisfied me that nothing else could be depended upon, and I accordingly went to the nearest drug-store, and without taking time to weigh quantities, procured cayenne pepper, ginger, mustard and salt, in what I thought sufficient proportions. Upon my return, I mixed all with three or four large tumblerfuls of water, unfortunately not hot, scarcely tepid ; two tumblerfuls were swallowed in rapid succession, and shortly thrown off without straining, and no appearance of the usual and anticipated salutary results. Two more were shortly swallowed, with similar results. I was disappointed and surprised, the more so as the patient positively refused to take any more. After considerable persuasion, and a threat to leave unless obeyed, he consented to try it again, when I added two teaspoonsfuls of cayenne to what remained, and some hot water which was now ready. This was swallowed and remained down several minutes, when vomiting occurred, accompanied by more straining, but without any sensible general effect as to re-action, as far as the heat of skin and pulse were concerned. The only real apparent effect was an almost immediate and entire removal of the cramps, which had continued until the vomiting from this emetic occurred. In the space of ten or fifteen minutes the involuntary vomiting and purging ceased.

Finding him to remain *in statu quo* for half an hour, being quiet and more comfortable, I left for an hour, leaving a mixture of two teaspoonsfuls of the cholera syrup, with four teaspoonsfuls of brandy and water each, one teaspoonful to be given every fifteen minutes, and small pieces of ice as frequently as desired.

At the expiration of two hours, on my return, I was gratified to find

him rather improved, the skin being warmer and the pulse more distinct. Once during my absence he had vomited a little ; bowels had not been moved, and no appearance of cramps, which last did not once return during the remainder of his illness. His only complaint was of a severe pain in his left breast, for which a mustard plaster was applied. Ordered medicine to be stopped, as I considered re-action had manifested itself ; to continue the ice in small pieces when desired, and to give sago jelly with a little brandy, in teaspoonful or two doses at short intervals. I also directed the abdomen to be covered with several thicknesses of towelling wrung out of hot water and covered with flannels, to be renewed should it feel cool.

Half past 1.—A decided improvement. Pulse fuller and stronger ; skin much warmer, with a warm perspiration. The bowels had been opened several times ; discharges watery, filled with floating flocculi. Gave a pill and one teaspoonful of the diluted syrup, and ordered mild nourishment in small quantity every fifteen or twenty minutes.

Half past 4.—The improvement still more manifest ; bowels are rather too loose. Continue nourishment, ice, and a little well-made toast water occasionally, if agreeable.

Eight, P.M.—Doing very well, though the bowels are too frequently open, but as neither cramps nor vomiting exist, and all other symptoms are favorable, do not feel disposed to interpose stronger astringents, either by the mouth or rectum, for fear of exciting cerebral symptoms. Directed to draw a band as tight as can be borne around the wet cloths on the abdomen, and to give of the diluted syrup a teaspoonful occasionally, if awake, as also the nourishment.

Friday, 8, A.M.—Passed a good night. The bowels open several times, discharged a little each time ; considerable flatulence and desire to go to stool. Passed urine freely, more so than since his illness. Continue nourishment, and let him chew a piece of rhubarb not larger than a pea, and repeat the same in three hours, not with the object of operating, but to try and change the secretions, the tongue continuing, as it has been, much furred.

Five, P.M.—Disappointed in not finding him so well. The bowels had been moved many times, caused most probably by the too copious and frequent draughts of his nourishing drinks, which had not been properly prepared for a sick man. The small piece of rhubarb, only once chewed, was too much upon the homeopathic order to allow me to attribute to it the result. As the pulse continued equally strong, and the temperature of the body equally warm, I could not perceive any permanently serious effects. I gave another pill, and directed beef-tea, well made, and sago and brandy, to be given in moderate quantities at short intervals.

Ten, P.M.—I was sent for, as he did not appear so well. The pulse was weaker, and the bowels had been frequently moved, but no vomiting, or the least sign of cramp. Ordered an injection of twenty drops of laudanum in two tablespoonfuls of beef-tea, and to have the same repeated after each passage. I directed a mustard poultice to be applied to the abdomen, and after its removal to have the towels, soaked in hot

water, re-applied as before. I also prepared a strong infusion of ginger, cloves and cinnamon, in boiling water and brandy, of which one teaspoonful was to be given every ten or fifteen minutes, for an hour, and afterwards less frequently. Essence of beef also to be given.

Saturday, 14th, 8, A.M.—Has passed an uncomfortable night. The bowels had been frequently moved, although the injection of laudanum had been given regularly, at least so I was told. I now ordered the following—R. Tr. catechu, 3 ss.; tr. rhei, 3 ss.; tr. zingiber, 3 ij. Dose, one teaspoonful every fifteen minutes, for three or four doses, and subsequently once an hour. I also ordered the following injection: Pulv. acaciæ, 3 ss.; pulv. kino, 3 ij.; tr. opii, 3 ij.; aq. camphoræ, 3 ij. Two teaspoonsfuls in one tablespoonful of the sago and brandy after each stool. Continued the essence of beef as before.

Two, P.M.—A decided change for the better. The bowels have not been open for nearly three hours, the pulse is fuller and stronger, the heat of skin natural, and he says he feels comfortable. Directed the treatment to be continued.

Eight, P.M.—Still improving; the bowels open slightly twice. Continue the essence of beef, and only half the quantity of the medicine, at longer intervals. The injection in half the quantity after each evacuation.

Sunday, 15th, 8, A.M.—Passed a good night, having slept several hours. The bowels have not been moved for seven hours. Continue the medicine at still longer intervals, and omit the injection. Besides the essence of beef, let him chew occasionally a small piece of beef-steak, only swallowing the juice.

Five, P.M.—Improving; perfectly convalescent. Go on with the nourishment. Omit all medicine.

It is unnecessary to continue the notice. There was no drawback, in any form, and in a few days, after having been up in the room, he rode out, and still continues perfectly well.

The following inferences, in conclusion, appear to me to flow naturally from the facts noticed in the above interesting case. From the effects of the emetic, it seems clearly to follow, that in proportion to the early stage of collapse in which it is given, the desired happy results will be more immediately and positively produced; and also that if brought into use in severe or extreme cases of cholera, prior to the setting in of the collapsed stage, such will be prevented. In the above case, although, from the rapidity of its progress, the extreme prostration of the system, and the severity of all the well known attendant symptoms, the usual prompt and decided re-action was not well exemplified, there can be no question of the beneficial influence of the remedy; for the cramps which had existed from the commencement of the disease until the remedy had acted, ceased simultaneously and did not re-appear, and the vomiting in a short time disappeared as a symptom of the disease. Although, as will have been noticed, the frequent discharges of a watery fluid, filled with floating flocculi, from the bowels, continued for several days, it is an important fact that no other of the prominent symptoms of cholera manifested itself; the mere depression of strength and pulse would be natural and

necessary coincidences in other diseases of the bowels, without regard to cholera.

With these facts before us, is it unreasonable to infer that one of the remedial effects of this emetic—possibly of others of a similar character, if such can be found—is to overcome or remove the cause of the disease, whatever such may be, by the powerful impression made primarily upon the great nervous system, and subsequently through its influence upon the circulatory and other systems? If mere purging could bring on an attack of cholera, and such is well known to be a most usual premonitory symptom, the *causa morbi* existing, why should there not have been reproduced some of those characteristic symptoms previously existing, which however was not the case, although discharges from the bowels were for some time copious, frequent and watery? To what other cause such consequences could be attributed, other than the emetic used, I am at a loss to conceive.

I am not disposed to assert that I should not have acted more judiciously by resorting more early to means to restrain the frequency of the discharges from the bowels for so long a time; but the very absence of all unpleasant symptoms emboldened me so to act, and the successful termination of the case clearly proves I was not deceived, while it affords me the gratification to think, that, as the case stands, it is well calculated to substantiate the claims of the emetic proposed, as a sure, and, as far as human means are concerned, a certain mode of treating and curing cholera.

I cannot let pass the opportunity of mentioning that this evening, 30th Oct., I have seen the good effects of assafoetida, stramonium, a few drops of chloroform, and other minor articles, by inhalation, in a very severe case of asthma. The patient, after much previous suffering, expressed himself as fully satisfied upon that point; and I am sure that even in that disease, medical inhalation amply deserves a greater degree of attention from the profession. Tea pots, bowls, &c., will not answer in order to test the powers of inhalation.

OBSERVATIONS ON EPILEPSY.

[Continued from page 319.]

THE writer has often been applied to, from persons at a distance, to treat cases of epilepsy. Many of the applications have been by letter, from strangers, either the patients themselves, or their friends, and have usually requested medicine to be sent. Such calls seem to indicate to me a very singular and undesirable state of feeling in society, upon medical science and medical practice. If I am not mistaken, they unfold, to some extent, the secret upon which quackery is dependent for its great success; and it is this—a want of information upon medical subjects, or of a proper understanding of the nature of diseases. People think, if one has been cured by a particular medicine, all may be cured by the same medicine, of the same disease. They are perfectly sincere on this subject. They seem not aware that a disease which, like epilepsy, for

instance, appears the same substantially in all cases—which affects the nervous system and manifests itself by a loss of consciousness and convulsions, essentially the same in all, can arise from fifty different causes, and in each case requires the removal of *its particular exciting cause*, before it can be cured.

But such every medical man knows to be the fact. A man receives a bullet in his thigh, and it injures the great sciatic nerve, and epilepsy is the consequence; or falls from a building, and a fragment of the bone of the cranium presses upon the brain, and epilepsy follows. Another eats an enormous meal of indigestible substances, and has the “glutton’s groans;” the organs are overwhelmed, and epilepsy ensues. Another over-stretches and over-tasks the intellect; becomes first nervous, then unable to command his mind, is then lost, and epilepsy follows. Another is half frightened out of his wits, and epilepsy is the consequence. Another has measles, smallpox or fever, and they leave him with epilepsy. These are not a tithe of the exciting causes of this disease.

But in every case of epilepsy, people seem to suppose that the physician, especially if he be at all skilled in treating this complaint, can prepare and send a medicine which will cure it, or, at least, do as much good as though he saw and examined the patient, and then prescribed for him.

To a gentleman who recently wrote me to send him medicine for his son, I returned an answer, that “I wished to see him before I prescribed for him: that as epilepsy arose from so many different causes, and put on so many different phases, it was necessary that I should examine into his case before I could prescribe for him *understandingly*.” He returned an answer, that “he had supposed epilepsy was the same in all cases.”

“Now, there is a truth in this—epilepsy *is* epilepsy. But the inference drawn from this fact, namely, that the same remedy will cure it in all cases, is an erroneous one. The cause must be removed, before the effect will cease.

But there are those in the community who will take advantage of such opinions, and throw into the market compounds, which they say will *cure fits*, and sell them at exorbitant prices, to be used promiscuously in all cases of epilepsy. All medicines of this kind, thus swallowed *at random*, without the advice of any attending physician, who has examined into the cause and nature of each case, are, nine times out of ten, injurious; and I would caution those who are anxious for their own health or that of their friends, to beware of all such pretenders. They may have a medicine which has succeeded in curing one case; but it may do serious injury in another, which has arisen from a different cause, and would, for that reason alone (not to name others), do more injury than good.

Among the *tonics* which I have used with the greatest success, have been the various ferruginous preparations, those of zinc, and the barks, with the hydrastis Canadensis. Among the *alternatives*, I have found the sanguinaria Canadensis, the podophillum peltatum, leptandria Virginica, iris versicolor, stylingia sylvatica, and, in some few cases, the iodide of potassium, the most efficient. Among the *sedatives or narcotics*, I have used the stramonium, opium, scutellaria lateriflora, canabis Indicus, arti-

mesia vulgaris, asclepia tuberosa, valeriana officinalis, cotyledon umbilicus or wall pennyworth, and digitalis. If I have been compelled to use any thing of a *cathartic* kind, I have employed the mildest aperients of the *Materia Medica*, and have ceased to use them as soon as possible. I have generally found cathartics to keep up, rather than allay, irritation.

The cotyledon, when I commenced employing it in epilepsy, was not to be found in any of the shops in Boston, though it may now be had almost every where, and has been recommended in several of the medical journals. The first which I used, I procured in New York. I then got a Boston house to import me four ounces, from England, for which they charged me the *moderate* sum of ten dollars. It was the extract, or expressed juice of the plant. I have since bought it, in considerable quantities, in New York, at seventy-five cents an ounce. Indeed, I had procured it there for one dollar an ounce before the ten-dollar four ounces arrived from England. The herb does not grow in this country; at least, not in the Atlantic States. It is said there grows a plant in California which much resembles this, and its properties are thought to be very similar to those of this European herb. But I have not seen it. It is not officinal, and not found in the U. S. Dispensatory. The fact that it was not there to be found, procured me a considerable of a scolding from a doctor in the country; or rather, a scolding about me.

A man called on me to prescribe for his son, who was subject to epileptic attacks. I told him they were caused by *masturbation*. The son said he had never been addicted to it. The father (credulous, as many fathers are), believed him, and said, "his *doctor*, at home, did not think that was the cause of the fits." I told them both (father and son), that I had no doubts on the subject, and prescribed for him accordingly. He returned home, took the medicine, as he said, and was no better. The father wrote me that his son had not improved by the medicine, and he was confident I was mistaken as to the cause of the fits. I told him I thought I was not. In a few weeks, both father and son called on me again. The father said he had a confession to make. The son acknowledged he had been addicted to this vice for a long time, and had continued to practise it while taking my medicine. He promised reformation; but, I think, never reformed. The father wished me to inform his family doctor what the medicine was, so that it could be administered under his care. I told him I would do so, and did. It was a combination of *cotyledon umbilicus* and *stramonium*. In a few days the father returned, very much discomposed, saying his doctor said "there was no such medicine." I read him an account of its use from the fifth volume, page 410, of the "Charleston Medical Journal," and from several other works. When he was permitted to read it with his own eyes, he thought it was strange that *his* doctor did not know about it. Thus I was held responsible for the ignorance of his doctor. This medicine is by no means a new one for epilepsy, though I am not aware that it was employed for this disease by any physician in this country, at the time I commenced its use. I have since, in consultation, advised its employment with other remedies, to many physicians. I have known it fail in some cases, and succeed in others. I do not consider it, by any means,

a *specific* for epilepsy. Nor would I advise its use in all cases, whether the epilepsy be caused by self-abuse, by worms, by crude and indigestible food, or by some other excitement; and, where it proves useful, much is often depending upon its being properly combined with other remedies. The cases in which it will succeed alone, are, I apprehend, comparatively rare. The two remedies with which I have more commonly combined it, have been the sanguinaria as an *alterative*, and the stramonium as a *narcotic*. In this combination, I have found it operate more favorably than either of these medicines when used alone.

In each individual case of the disease, the exciting cause is to be carefully sought, and when found must be removed. Then, the debilitated state of the whole mass of blood is to be altered, or the blood invigorated; and, in accomplishing all this, the common sense and judgment of the physician are to be put in requisition, rather than the antiquated dogmas, either of "the books" or "schools." Any one who has read the history of medicine, and seen how often one theory has been prevalent, and then suddenly given place to another, and that to a third, and so on almost *ad infinitum*, must be convinced that but little confidence can be placed in this everlasting circle of conflicting opinions.

REPORTS OF TWO CASES.—FROM HUXHAM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In transcribing the following cases for the pages of the Journal, I deprecate the inference, on the part of its readers, that I am supposing myself so happy as to have made a discovery of treasures beyond the reach of the profession generally. The obvious fact that the class of old English medical books from which the cases are taken, have been generally, and with great propriety, superseded by more modern publications, renders it probable that many of the readers of the Journal will find it more convenient to have the cases furnished for them in this form, if they choose to look at them, than to find them elsewhere.

LAMOILLE.

CASE I. (Huxham on Fevers. Lond. Ed. 1750. P. 62.)—"An eminent surgeon of a neighboring town, of a thin and somewhat tender constitution, but constantly used to action and exercise, and frequently subject to fevers, and scorbutic rheumatisms, from taking cold, &c., in October, 1741, fell into a kind of slow fever, attended with slight rigors, frequent flushes of heat, a quick weak pulse, loss of strength and appetite, with a great load at his breast, and a heavy sort of respiration. Notwithstanding this, he continued in his business, constantly riding, and fatiguing himself, for some four or five days after this seizure. I met him at a gentleman's house, who was my patient; and finding as above, and that his breath was, even then, very offensive, I earnestly desired him to take timely and due care of himself. Two days after, he, being at a gentleman's in the neighborhood, was taken all on a sudden with very great faintness, and fell off his chair. Upon lifting him up, the company

observed several violet-colored and livid spots on his arms and neck. It was with very great difficulty that they got him home, though but two or three miles distance, he frequently fainting by the way. The disorder increased every moment; he had a vast languor, with pain and extreme oppression on the praecordia, and a perpetual sighing; his breath now stank abominably, and a fetid bloody matter leaked continually from his gums, and thousands of livid, violet and black spots appeared all over his body, on the trunk as well as the limbs.

" He was bled to about $\frac{3}{4}$ xii. from his arm, but this gave him no manner of relief—the oppression, sighing, fainting and anxiety continuing as bad as ever, nay, rather increasing. A violent hemorrhage also broke forth from his nose; which continuing from both nostrils, he was bled again to $\frac{3}{4}$ x., about twelve hours after the former bleeding. Neither did this give him any relief, but increased his weakness considerably, and he continued as anxious, restless and oppressed as ever, without the least sleep. The blood now not only issued from his gums and nose, but he also coughed up blood. Indeed, the bleeding from his nose had ceased somewhat, but it increased from his gums, and in a surprising manner blood now likewise dropped, though slowly, from the caruncle of one of his eyes; and several livid pustules on his tongue, and within-side his lips, broke, and discharged a bloody thin matter very copiously.

" The hemorrhage being somewhat restrained, a bloody dysentery came on, with severe gripes, and excessive faintness, and he was still exceeding restless and very feverish. His pulse now intermitted every sixth or eighth pulsation, and then fluttered on again, vastly quick. He had likewise a tremor, and subsultus. The hemorrhage all this while continued from one part or other, and when stopped at one place, forthwith broke out in another; so that his urine now seemed tinged with blood, being very dark colored, nay, almost black. Soon after he was bled the second time, I was sent for, and hastened to him. I found him in the manner described, under an inexpressible anxiety, yet quite free from a delirium, though he had no manner of sleep for several days and nights. His tongue was vastly black, and his breath so insufferably stinking, that it was greatly offensive, even at a considerable distance; and his stools were so horribly nauseous and fetid, that the very nurses fell into vomitings and faintness in carrying them off.

" I found that neither of the portions of the blood that had been drawn (not even the first) had separated into *crassamentum* and *serum*, as usual, though the former had stood so many hours; but continued as it were half coagulated, and of a bluish livid color on the top. It was most easily divided by the slightest touch, and seemed a *purulent sanies* rather than blood, with a kind of *sooty powder* at bottom. His hemorrhage still continued, especially from the tongue, lips and gums, with a perpetual dripping of their bloody ichor from his nose; so that he was reduced to an extreme degree of weakness, with nervous tremblings, *subsultus tendinum*, and almost continual faintings.

" What was to be done in this dreadful case? Would the hot, alexipharmac, volatile cordials and blisters have served him, as some might have imagined, considering his extreme weakness, faintings, load on the

præcordia, tremblings, &c.? But would they not certainly have been deleterious; would they not have certainly killed him? as they would have added to the stimulating acrimony, increased the fever, and further destroyed the *crasis* of the blood, already nearly quite dissolved, and reduced to a kind of *putrid gore*.

"I took it in this view, and as I had experimentally and repeatedly known the great use of the *bark* in preventing and stopping the advance of gangrenes, I gave him frequently of it in small doses with *elixir vitrioli*, premising a small quantity of *rhubarb*. Besides this he drank tincture of roses, with cinnamon water, made very acid, and also a decoction of Seville orange rinds, red roses, cinnamon, and a little *Japan earth*, as it is called, well acidulated. Claret and red Port, with about half water, he drank at pleasure. As the *bark* sat easy with him, I continued its use, and increased its quantity, giving with it some *confect. fract. cast. sine melle* (?) to restrain the dysenteric flux; and yet I now and then interposed a small dose of *rhubarb*, to carry off any bloody, bilious, or sanious matter that might be lodged in, or leak into the intestines. In the mean time I ordered him to be frequently supported with rice, pana-do, sago, jellies of hartshorn well acidulated, toast out of claret, and red Port wine; and I directed fomentations of aromatics and astringents, boiled in red wine, to be frequently applied to the whole abdomen.

"By this method, steadily persisted in, was this poor gentleman, through Divine Goodness, raised from a state of universal rottenness, as it were, to perfect health. Not but that, for a very considerable time after his fever was quite gone off, he continued extremely weak; and even after he was capable of walking abroad, the hemorrhage from his nose would return on the least occasion, his gums would bleed on the slightest rubbing, and his breath continued very offensive for a long time. By the further use of the *cortex*, *elix. vitrioli*, &c., this also entirely ceased. But his legs and feet continued very much swollen for a much longer time, and his flesh all over his whole body remained exceedingly soft, tender and sore, scarce bearing the least touch. Rhabarbarate purges, easy stomachic chalybeates, elixir of vitriol, pyrmont water, with proper diuretics, and gentle regular exercise, at length carried off those symptoms; and in about two or three months he recovered a good state of health, which he still enjoys."

Huxham inquires, very appropriately, after the graphic description of his patient's condition, as he found it, "What should be done in this dreadful case?" His *pathology*, probably, is of little worth; but his *therapeutics* are invaluable. He says, I am sure with entire truth, of the following case, that "it is pretty uncommon, in several circumstances," which constitutes its principal interest.

CASE II. (P. 69.)—"Mrs. Elizabeth S—, of St. Germaine, Cornwall, about twenty-five, of a weak constitution and bad habit of body, who never had any regular *catamenia*, was taken at the latter end of May, 1742, with pain in the right foot near the toes, and with a *torpor* all over the leg; which hourly increasing, she sent for Mr. Dyer, an ingenious surgeon of *Looe*, who rubbed the part with camphorated spirit of wine, and gave her some nervous and cordial medicines. This having no

effect, he fomented with a very warm aromatic decoction, applying the *magma* with spirits, theriaca, &c., to the leg and foot; notwithstanding which, the parts grew soon discolored, cold and quite insensible. When I came, I ordered the parts to be scarified, and that deeply, but not the least blood issued, only a few drops of quite black blood here and there slowly rose up, of the bigness of a pea; the skin and flesh looked as if the leg had been cut off for some days, though this was but in the forenoon of the *fourth day* from the very first seizure. There were no vesications, nor did the scarifications afterwards emit the least stench, matter, or *sanies*. I immediately ordered her the *bark*, with *elixir vitriol. confect. Ralegh.* and a warm acidulated julep, which she took freely, as she was vastly faint. A violent pain seized her in the afternoon in her right thigh and groin, and forthwith a fever, severe gripings and a bloody flux came on, which presently reduced her to the utmost degree of weakness, with perpetual faintings and agonies.

"The ensuing night she grew very delirious, her tongue became quite black and faltering, her pulse exceeding quick, weak and fluttering, with continual catchings of the tendons, and tremors. As the *cortex* did not sit well, but ran down, I gave her a strong tincture of it with *decoc. Fracastor. elix. vitriol.* &c., which had a much better effect.

"In this miserable condition she continued for three or four days, every one about her hourly expecting her death; however, the *sphacelation* did not advance, and never appeared above the knee, though a very vehement pain affected the whole thigh, and seemed chiefly in the *periosteum* of the bone. At length there appeared a dark livid *streak* or *line* all round the limb, immediately under the knee, and pointed out where Nature was disposed to separate the dead part from the living. This tendency to separation became every day more and more visible, and the surgeon used all proper means to promote it: for whatever foundation there might have been for an *amputation*, neither she nor her friends would admit of it. In these deplorable circumstances (the dead part of the limb daily rotting off from the sound) she continued till July 14th, when the surgeon, finding the *slough* cast off, and a separation at the joint almost perfectly made, took off with a knife the dead leg from the sound thigh, at the very *articulation*, with very little pain, without her consent, and almost without her knowledge of it, when it was done. Soon after this she daily recovered, and by proper diet and medicines, was in a little time restored to a tolerable state of health."

The above case is certainly rich in profitable suggestions.

IMPROVEMENTS IN SURGERY.

[From an Introductory Address at St. Thomas's Hospital, by SAMUEL SALLY, Esq.]

LET us glance rapidly at some of our improvements. Take the motive organs of the body—bones, joints, muscles:—Caries, or ulceration of bone, whether involving the bones of the shoulder-joint, the elbow, wrist, hip, knee, or ankle-joints, used formerly to be an almost certain cause of mutilation. It was supposed that this gnawing disease, which

crumbles away the bone and wastes the body, pouring forth from the crimson current of the blood, the elements of nutrition, could only be removed by the amputating knife. In the present day, we limit our operation to the removal of the disease, and preserve the sound portion of the limb. Nature proves herself a most kind and able assistant in these conservative operations. Take, for instance, the shoulder-joint. A patient comes to you with an arm, useless, painful, and debilitated from disease. He tells you—and I am now referring to no hypothetical case—that he was told in the country that he must have his limb removed, or die from the disease. He had heard of St. Thomas's Hospital in London, and he walks up, above 200 miles. He is admitted, and he has all the advantages this institution can confer. The shoulder-joint is cut into, the diseased bone is removed, the soft parts soon heal, and nature actually models for him by her absorbent vessels, a *new* joint, and the man returns home with an useful limb.

This description, true to the letter as regards this hospital, is, I am sure, equally true in its main features in regard to every hospital in the United Kingdom. The operation of excision of the shoulder-joint was first performed in 1769 by a provincial surgeon, Mr. White, of Manchester.

Then, again, take the elbow-joint; its structure is more complicated, but still we do not hesitate to remove the diseased parts, and in process of time a new and useful joint is formed.

This operation was first designed by Moreau, a Parisian surgeon; but we are immensely indebted to Mr. Syme, of Edinburgh, for having perfected this proceeding, and, by the frequent repetition of its performance, showing us how safe an operation it may prove in the hands of a good and skilful medical surgeon.

Mr. Anthony White, of the Westminster Hospital, in 1818, succeeded in curing disease of the hip-joint by excision of the head of the thigh bone. The second successful case was in the practice of my friend, Professor Ferguson, of King's College; since then it has been performed sufficiently often to establish it as a recognized operation in suitable cases. I performed it a few years ago, on a patient in this hospital, with every prospect of success. The case went on well in every respect for several days, when erysipelas, that dread foe of operating surgeons, attacked my patient with fearful intensity, and he died in a few days.

From the hip-joint we may descend to the knee. This beautiful and complicated joint is, I think, more frequently the subject of that amount of severe disease requiring amputation of the limb, than any other joint in the body; but still how seldom are we obliged to amputate this joint to save life! It is indeed true that many a limb is now saved by medical surgery which formerly was sacrificed, and I must give my esteemed friend, the cod-liver oil, considerable credit for his assistance in the good cause. More than fifteen years ago, I first prescribed this medicine for strumous disease of joints, and I soon found its value. I have no hesitation in saying that we are able to carry out our conservative operations with this ally which would be quite impracticable without it.

With regard to *excision* of the knee-joint, I can give you no personal

experience, but the cases which have been published encourage me to believe that it may be performed with success. And there can be no doubt that the living limb, even if shortened, and the knee-joint obliterated, is more useful and more agreeable to the patient than any artificial limb, however beautifully that limb is made. I must bear my testimony to the perfection to which these mechanical contrivances are brought. This operation was first performed by Mr. Fitkin, of Northwich, and was in his hands successful.

In passing from the consideration of excision of the knee-joint to the conservative surgery of the rest of the leg, I find it impossible to tell you all that has been done. I must only attempt a rapid sketch. When I first came to this hospital in 1822, almost every amputation for disease of the leg and foot was performed a little below the knee. The value of a long lever in the use of an artificial limb was not understood, but now we save as much as possible. Amputation at the ankle-joint was never thought of. This operation was first proposed and performed in France, by Sedillier, Velpau, and others; but the credit is due to Mr. Syne for having shown its frequent application. The retention of the firm cushion of the heel for the surface of the stump, has been of immense practical importance; and there are many men now who have been subjected to this operation who might go into any ball-room in London without the deformity being discovered. The operation is required in extensive disease of the tarsus, and it is an improvement on the old mode of amputation; but still there is an improvement upon this. Many of you have seen this carried out successfully within these walls. I refer to the removal of the diseased bones, instead of a removal of the whole foot.

—*London Lancet.*

UNSUCCESSFUL EMPLOYMENT OF ANÆSTHESIA BY COLD.

CASES UNDER THE CARE OF MR. CRITCHETT AND MR. WALTON.

THE employment of cold as a means of preventing the pains of operations has been repeatedly advocated in our columns, and we, therefore, feel called upon to report prominently instances of its failure. Two such have occurred during the past week. In the first, the patient was a woman, under the care of Mr. Walton, in St. Mary's Hospital, from whom it was wished to remove a fatty tumor on the abdominal wall. The tumor was subcutaneous, and felt quite as loose as such tumors generally are; it had a size of about an adult fist, somewhat flattened. Nearly an hour was wasted in unsuccessful attempts to freeze the skin, but as this was due of course to mistakes in manipulation, it should not be charged against the process. At length, a mixture, properly made, was applied, and in about four minutes the requisite area of skin was frozen, as white and hard as could be wished. Without the loss of a moment's time, Mr. Walton made a deep incision through the whole required extent of the skin into the tumor. This gave no pain. The tumor was seized at once, and forcible enucleation attempted. It could not, however, be extracted so easily as had been expected, and adhesions, both to the skin and the

deeper parts, required to be divided by the knife. At one part, where it appeared to have been pressed upon by the woman's stays, the adhesions between the tumor and skin were very close, and a careful division was needed. The operation lasted perhaps altogether about four minutes, and during the whole of that time, except the first cut in the skin, the patient was making loud cries and protestations of pain. It should be stated, that she was a remarkably quiet person, and one who did not complain for little.

The above operation took place on Wednesday; and on the Friday following we witnessed an almost similar one in the theatre of the London Hospital. Mr. Critchett's patient was a man of middle age, and the tumor was a fatty one, about the size of a large fist, and situated beneath the skin in the upper part of the front of the thigh. The freezing of the skin was very complete, nearly five minutes had been occupied in the process, and the incision into it appeared to be quite painless. The tumor had, however, rather intimate adhesions, more especially to the integuments; and the man complained much of almost every touch of the knife excepting the first.

We had witnessed before the above several cases of partial failure in the case of cold, but were inclined to attribute them somewhat to timorousness in its use; in these, however, it was fairly and sufficiently used. Their evidence seems clear to the effect, that, unless the tumor be so loose, that almost instantaneous enucleation can be performed, a painless operation must not be expected. The anaesthesia does not extend at all deeper than the skin; and even in its recovery of sensibility is so rapid during the manipulations, that the division of adhesions to its under surface will not be painless unless made without a minute's delay. There are, doubtless, a large number of cases in which, despite of these drawbacks, anaesthesia by cold may be very useful; but the surgeon must always be careful not to promise to his patient a painless operation. As it regards the excision of tumors, it will probably, in a few instances, be completely successful, and in many others sufficiently so to afford a good pretext for avoiding the use of chloroform. It is, perhaps, adapted best of all for use in the very painful operations which it is so frequently necessary to perform on the fingers and toes. Here it can be applied from several sides at once, and a more complete and less transitory degree of anaesthesia produced.—*Medical Times and Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 6, 1854.

Suffolk District Medical Society.—The monthly meeting of this Society, for medical improvement, was held on Saturday evening, the 25th ult.—the President, Dr. Buck, in the chair. Dr. Homans exhibited a specimen of false membrane, which was ejected from the bowels of a child twenty months old, who was suffering from an attack of dysentery. He saw the

child in consultation. It had from thirty to forty discharges a day, and one morning, after a severe straining, a substance resembling the intestine, about six inches in length, was seen to protrude from the anus. It was taken hold of and gentle traction made upon it, with a view to its removal, but it seemed to be unyielding; and the attendants, thinking it might be a portion of intestine, suffered it to remain a while, but finally had courage enough to snip it off with a pair of scissors. In the course of a day or two, the remaining portion, two inches in length, was detached and came away. The child fully recovered. The specimen exhibited, was a tube, with a slit running through its entire length, and consisted of lymph.—Dr. J. M. Warren exhibited a tumor, about the size of a goose egg, which he had that morning removed from the nates of a female thirty years of age. It was the growth of seven years and had periodically discharged bloody serum, and its character was extremely difficult to make out. On its removal it was found not to contain fluid, as might have been expected from the touch and other diagnostic marks, but it was solid, consisting, no doubt, of enlarged sebaceous follicles.—The President announced that Dr. Keep was to have read a dissertation at this time, but he was not ready, and would like further time.—Dr. Buckminster Brown was appointed to read the dissertation at the next meeting.—Dr. Warren exhibited several instruments which he had lately brought from Europe, among which were some very fine ones by Mr. Syme for strictures of the urethra. Mr. Syme had operated for these strictures by an external opening through the dorsal surface of the penis, upwards of a hundred times, with perfect success. A catheter was allowed to remain in the urethra for three or four days, and then withdrawn, the wound in the mean time healing up. He also mentions a curious circumstance connected with its withdrawal, viz., the patients always exhibited signs of extreme prostration, which made it necessary to give them stimulants to keep them from sinking; but they always rally and do well afterwards. Civiale's instruments, which he also showed, were very ingeniously contrived and nicely made, but it was Dr. W.'s opinion that Mr. Syme's instruments and operation on the whole were preferable. Dr. Simpson's uterotome, for the division of the os uteri, was also shown and commented upon. A specimen of sheet gutta percha, such as is used in the Liverpool hospitals for the covering of poultices, &c., as a substitute for oiled silk, was exhibited. It could be procured in Liverpool for one shilling per yard, whereas the oiled silk cost one dollar. We hope some of our apothecaries will supply themselves with it at once, for the convenience of their patrons.—Dr. Jeffries mentioned the case of a man who had taken one ounce of McMunn's elixir of opium, for the purpose of self-destruction. He had led a dissolute life, and become tired of it and wished to die. After he had taken the opium, he laid himself down, but instead of the desired result, the elixir had the contrary effect, for all the bad acts of his life came up in remembrance before him, and waking from his reverie, he made a resolution to reform, which he did at once, and has religiously acted up to it ever since. Dr. Jeffries related the case of an enlarged womb, supposed to have been so from pregnancy, with an extensive ulceration of the os. Nitrate of silver was freely used, which improved its condition. Subsequently the diagnosis of pregnancy was confirmed. At the full period, labor commenced, and in a few days after, the woman sank and died. No examination was permitted.—Dr. Hornans related a case of excessive vomiting, which was connected with pregnancy in a woman of about thirty years of age. Every known remedy had been tried without affording the poor woman any relief,

and at the end of the fourth month she died. She had had two children previously, without any unusual symptomatic sickness. The question in his mind was, would it have been better to produce abortion, rather than let the patient take her chance? He also related another case of an English lady, wherein the vomiting commenced at the fifth month of her pregnancy, when she became prostrated by it, sank and died in one month afterwards. In this case, however, there was some suspicion that she might have been poisoned.—Dr. Watson mentioned a case that had occurred in the practice of the late Dr. John D. Fisher, in which abortion had been attempted, but it did not succeed, and the woman died.—Dr. Ayer mentioned another similar case which he had some three years since. At the seventh month the woman aborted, and died in one hour afterwards.—Dr. Hodges said it was the rule, in the Dublin Lying-in Hospital, in cases of irritable stomachs from pregnancy, to keep the patients in bed and in an inclined position until relief was obtained.—Dr. Geo. S. Jones had, two years since, a young woman, with her first pregnancy, who had excessive nausea and vomiting, which were overcome by a free use of champaigne and soda powders, drank while they were effervescent.—Dr. Hodges had a patient in the third month of her pregnancy, who had been flowing, and was also troubled with vomiting. She was ordered to bed, opium given her, and in three days after, she was free from haemorrhage and nausea.—Dr. Minot spoke of a case of hysteria in a married woman, caused by a stricture in the oesophagus. The ball probang was passed, which entirely relieved her.—Dr. Buck alluded to cases of retention of urine in old men. He had known them to complain of inability to retain it, and of its dribbling away. They would empty their bladders, as they supposed, but still the same difficulty existed. The remedy which he had found most successful, was to draw the urine off by the catheter, as the whole difficulty generally proceeds from an over-distended bladder.—Dr. Bowditch mentioned a case of tuberculosis, commencing at the bottom of the lungs, which was very interesting in many particulars, and he invited the members to see the patient, who was at the hospital under treatment.—On motion of Dr. Bowditch, the President appointed a committee of three, to consider the expediency of holding social meetings of the Society at the houses of some of the members on the second Saturday in each month, for the purpose of awakening the interest of the members in the monthly meetings for medical improvement. This is a good move, and we hope the project will meet with especial favor from those members of the Society who are abundantly able and ever willing to advance the interest of the profession. The committee consists of Drs. H. I. Bowditch, J. B. Alley and Geo. S. Jones.—An inquiry as to the number of cases of varioloid and smallpox within the knowledge of the members, in the city, elicited answers from several. Some stated they had six cases, others two, or one, which would indicate rather more than the usual number in the city.

Sentence of Dr. Beale, the Dentist.—Dr. Beale, of Philadelphia, was sentenced, in the Criminal Court of Philadelphia County, on the 28th ult., to four years and six months confinement in the County Prison, for an alleged outrage upon one of his female patients while under the influence of ether. Previous to his sentence, he made a speech, in which he asserted his entire innocence, and censured the District Attorney and Jury. Many of the newspapers speak of the sentence as being unjust, and it would seem to us at a distance (if the only testimony that was brought to bear in the

case, was merely the *ipse dixit* of the young lady, the complainant), that it was so. It is our decided opinion, that the evidence of even a partially etherized person should not be received as valid, without corroboration. We believe that such persons are *totally incapable of making a correct statement of what transpires during the time they are under the influence of the ether*, and we are somewhat surprised at the result of the verdict in Dr. Beale's case, after having carefully read the evidence of the alleged injured party; and we are still more surprised at the sentence. If the accused was really guilty, it is altogether too *light* for a crime of such magnitude; and if innocent, it is of course undeserved.

Ulcerations of the Os Uteri.—A republication of the Croonian Lectures for 1854, by Charles West, M.D., &c., of St. Bartholomew's Hospital, by Lea & Blanchard, is quite opportune. It will give the lecturers on diseases of women, at the Schools, which are now in operation, the advantage of presenting European experience in a class of female maladies which are among those most obscure and difficult of successful treatment. If ulcerations of the os uteri are discoverable only in the walks of civilization, which we believe to be true, from our own observations, and inquiries in heathen countries, the subject demands a careful examination. There are three lectures in Dr. West's book, embracing the whole ground—no symptom, condition or circumstance illustrative of an abnormal state, being overlooked. Practitioners generally not only admit that these ulcerations are numerous, but they acknowledge their inability always to meet the emergency. Hence there is need of further research and instruction. This book, small as it is, heralds forth hope for the sick, under the charge of properly-trained medical attendants. No physician should be without it, who is truly desirous of being prepared to meet those contingencies in professional life, which are perpetually occurring—none of which are more formidable, under some circumstances, or trying to the sympathies of a conscientious practitioner, than those discussed in the Croonian lectures of 1854.

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Foreign Bodies in the Air Passages.—A practical treatise has been written on this subject, by S. D. Gross, M.D., Professor of Surgery in the University of Louisville, Ky., a man greatly distinguished for his unceasing industry and attainments in operative surgery, and favorably known both in Europe and America as the author of volumes that are among the standard authorities of the day. It is an octavo of 486 pages, illustrated by pictorial representations of the organs, tubes, &c., in the throat, together with the appearance of nails, pins, and pebbles, which have been lodged in the air passages, and extracted before and after death. Dr. Gross has had an ample field for observation and experience in this matter, and has here spread out a perfect chart of the difficulties that may be anticipated in the attempt to extract foreign bodies from the obscure hiding places into which they are sometimes accidentally drawn. We are shown the immediate effects produced by the presence of foreign bodies in the air tubes, the pathological effects resulting, and symptoms which ensue. Thus, from one step to another, the learned gentleman proceeds, investing each of the seventeen chapters with peculiar interest. He is an earnest as well as a bold explorer, and those who would profit by his rules of practice, must act with decision. Yet he is safe, because a long experience, based on strict anatomical know-

ledge of the region where instruments are to be used, enables him to state what may be depended on as truth. Other and larger Journals will doubtless have much to say on the excellencies of this book. None of them, however wordy or elaborate they may be, can more heartily than ourselves recommend the volume to every class of medical practitioners. The information it contains is just what each and every one ought to know, who may be unexpectedly called into a family group, with a dear child in the midst, struggling for life under the suffocating effects of a foreign body in the air-passages.

Pathological Anatomy.—A very admirable manual of 733 pages, large octavo, by C. H. Jones, of St. Mary's Hospital, and E. H. Seiveking, M.D., of the same institution, who are intimately associated with various learned societies in London, has come from the press of Messrs. Blanchard & Lea, Philadelphia, in their usual beautiful style of medical re-prints. This is the first American edition, with 397 illustrations. From the slight examination thus far given to it, we are free to style it a correct and desirable text book. We should be glad to point out some of its characteristic traits, and show the indebtedness of the brotherhood to Dr. Donaldson, of Baltimore, in preparing the re-print, but necessity compels us to keep within a moderately sized paragraph to-day. Certain it is that the sterling properties of the work will soon make it known in the right circle.

Facts for the People.—There are many facts of great importance to mankind, which they wholly disregard, even when aware of their importance. Dr. T. D. Thompson, a dental surgeon, of Providence, R. I., is the compiler of a portable manual with the above title, on the teeth, which he has addressed particularly to the people; and if those for whom it was especially designed would be influenced by its plain teachings, the dentists would have much less to do. We do not discover that the author lays claim to any originality in this treatise, beyond the adaptation of it to the comprehension of the unlearned, whose teeth are of quite as much importance to them, as are those of the learned to their possessors. He appears to have gleaned the essential rules for the preservation of these important organs, from the best books extant, which are not within every body's reach, and interwoven suggestions and stated propositions of interest to those who are toothless, as well as to those who fortunately still are not so. It is from the publishing house of B. B. Mussey & Co., Boston. A medical journal is not precisely the place to notice a publication expressly fitted to general reading, as whatever we might say respecting it would never reach the classes who should be influenced in regard to its purchase.

Medical Catalogue.—Messrs. S. S. & W. Wood, 261 Pearl street, New York, have just issued a catalogue, said to be "of the most extensive collection of medical books in America." It comes to us nicely bound in covers, and contains 150 pages. It would seem to be a valuable and convenient guide in the selection of medical literature: if the prices were affixed to each publication it would have been still more valuable. We are often consulted by practitioners from the country as to the best books upon various medical subjects, and also as to the price of them. Now if the publishers would only give us the prices in their catalogues, we think it would oblige the profession generally. The Messrs. Wood have a well-deserved

reputation as medical book publishers, and it affords us pleasure to call the attention of our readers to the very great selection which they offer for sale. Copies of their catalogue will be sent, free of postage, to *post-paid* applicants.

Vermont Asylum for the Insane.—The eighteenth annual report of the directors and superintendents of this Institution has been received, from which it appears that the Asylum is in a highly prosperous condition. Five hundred and thirty-five patients have enjoyed the benefits of the institution for the year ending August 1st, 1854. Of the number discharged during that time, 80 recovered, 12 were improved, 14 not improved, and 40 died. We believe the charges at this Asylum are less than at any other in New England, being only \$100 per year.

Social Meetings of Physicians.—We take pleasure in stating that the Committee appointed at the last meeting of the Suffolk District Medical Society, as mentioned on another page, have made arrangements for a series of social meetings the coming winter and ensuing spring, at the houses of the members. The first one will take place on Friday evening next, at 8 o'clock, at the house of Dr. John C. Warren, No. 2 Park st. Succeeding meetings will be held on the first Friday evening of the months of January, February, March and April.

Asylum for Inebriates.—There is a strong probability that an asylum for the reception and treatment of confirmed drunkards will at last be instituted in this country. A Committee was appointed by the Legislature of New York, last winter, to organize an institution to be known as "The United States Inebriate Asylum, and to act as Commissioners to receive subscriptions to the capital stock of said Asylum." This Committee have submitted a statement to the public in the New York papers, and appeal to the generosity of the community for the necessary funds, which we trust will be furnished.

Medical Miscellany.—Few of the horrid details respecting the bombardment of Sebastopol, by the English and French forces now operating in Russia, have excited so much commiseration as the destruction of the great hospital in that city, wherein were upwards of two thousand sick and wounded, who all perished by the conflagration.—We are informed by one of the officers of the Mass. Charitable Eye and Ear Infirmary, that they have not published any report, except the statement of the condition of the Institution, which was furnished the "Daily Advertiser."

To CORRESPONDENTS.—Dr. Buzzell's case of amputation at the shoulder-joint was duly received.—Dr. Bartlett's surgical apparatus will be noticed in our next number.

MARRIED.—In Manchester, Nov. 15, Dr. Stephen G. Risley, of Rockville, to Miss Emeret J. Scott, of Manchester.—In California, Oct. 15, Dr. Daniel Dustin, late of Vermont, to Miss Elmira Dustin; Dr. J. E. Woodford to Miss Almira Jones, both of Michigan Bar.

Deaths in Boston for the week ending Saturday noon, Dec 2d, 64. Males, 37—females, 27. Accident, 1—aneurism, 1—apoplexy, 1—disease of the bowe's, 1—inflammation of the brain, 1—congestion of the brain, 2—consumption, 18—convulsions, 4—croup, 3—dysentery, 3—dubioes, 1—dropsy in the head, 3—drowned, 1—infantile disease, 6—fever, 1—typhus fever, 1—hooping cough, 2—disease of the heart, 2—inflammation of the lungs, 2—diseases of the liver, 1—measles, 1—old age, 1—premature birth, 1—smallpox, 3—teething, 3—disease of the spine, 1—unknown, 1.

Under 5 years, 28—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 5—above 60 years, 7. Born in the United States, 43—British Provinces, 2—Ireland, 16—Germany, 1.

Case of diseased Alveole. By FRANCIS CAMERON, M.D., Springwood, C. W.—What I conceive to be a rather rare case of disease, and one interesting to the profession, occurred in my practice some years ago. Daniel Young, aged about 70 years, consulted my medical preceptor for a disease (as he called it) of the roots of his teeth. The doctor finding it likely to prove tedious, committed it to my charge to manage under his advice. Our patient stated that he first experienced a soreness at the roots of one or two of his upper molar teeth, which shortly after became quite loose, and concurrently with the supervention of the dental looseness, a purulent discharge set in from the gums around them. The affected teeth were removed, afeat which was very easily performed, and a lotion of myrrh and borax applied to the affected gums. After the separation and removal of the diseased alveolar processes, the soft parts under this application soon healed. No sooner, however, had one place healed than the disease broke out in another. It thus spread from tooth to tooth in both jaws, until all the teeth were lost and their sockets destroyed. After this he got well, and lived for several years in comfortable health. Perhaps some of the readers of the Chronicle would inquire, had he taken mercurials previously? I believe not, as his health was good for a long time before. The entire period that the disease took to travel round his masticatories and disappear, was three weeks.—*Montreal Med. Chronicle.*

Ice Champagne, and Snow Ice.—More than a year ago we alluded to this article in the Journal, as having seen it at the table of Dr. Hoggatt, of this county. A gentleman of St. Louis, sometime after the publication, wrote us, inquiring the process, and adding that he had failed to freeze champagne. Mrs. H. informs us that there is no difficulty in the process, nor does it differ from that by which cream is froze. Put a quarter dozen of champagne into a *freezer*, pack the ice and salt about it in alternate layers, turn the freezer a little longer than for ice cream, and the wine is frozen. Mrs. H. uses no wines but of the finest brands.

Ice has become indispensable to the sick room. In this climate, many winters pass without ice sufficiently thick to preserve, but every season, almost without exception, we have *snow*. Now, Mrs. Dr. Hoggatt, winter before last, filled her large ice-house with *snow*. As it was thrown in from carts, several men below beat it down with mauls until the house was full. We saw the ice in the summer following, and while more porous than the northern ice, it was a good article. Mrs. H. says it keeps better than ice.—*Nashville (Tenn.) Med. Journal.*

Law and Medicine.—One of the most horrible abuses in the practice of the law, is, when a man has been proved to murder another by repeated beatings, to allow an eccentric physician to come forward and confuse the jury by swearing that the victim died of some disease with a curious Greek or Latin name. We have been present at a trial where one man killed another by tightening and twisting his neckcloth, and yet a medical gentleman swore that in his opinion the murdered man died of what he called “spinal apoplexy,” which might be true in the same way that all people, whether murdered or not, die of want of breath.—*Belfast Northern Whig.*

Belladonna in Salivation.—Epenbeck used the extract of belladonna gr. ijss. in an emulsion in 24 hours with perfect relief.—*N. Y. Jour. of Med.*